

Congressman Henry A. Waxman Privacy Release Form

In order for my office to assist you, please:

- fill out all 3 pages of this form completely
- enclose copies of any documents that are related to your case

If you have any questions regarding this form, please contact my district office at 323-651-1040.

_Mrs._Ms.

_Mr._Miss

_____ First Name	_____ Middle Initial	_____ Last Name
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Residential Street Address

City, State and Zip Code

Mailing Address – if different from residential

Work Telephone Number

Home Telephone Number

Date of Birth

Social Security Number

Veteran's Claim Number (if applicable)

Description of the Problem

What is the problem? _____

What have you done to try and solve the problem? _____

What is the current status of the problem? _____

What has the federal agency told you?

Have you contacted any other office for assistance? _____

If yes, which office? _____

Congressman Henry A. Waxman
Privacy Release

Please read and sign the following:

By filling out this Privacy Release form, I hereby authorize Congressman Henry A. Waxman and members of his staff to conduct any inquiries regarding my case and to be provided with any information relating to it.

Date:_____ Signature:_____

Thank you for taking the time to complete this form. Please return it as soon as possible to my district office at the following address:

**Congressman Henry A. Waxman
8436 West Third Street, Suite 600
Los Angeles, CA 90048
(tel.)323-651-1040
(fax) 323-655-0502**